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CONFIRMATION NO. 5570

|  |   |                                       |   |   |                                 |
|--|---|---------------------------------------|---|---|---------------------------------|
| <b>SERIAL NUMBER</b><br>10/566,361   | <b>FILING OR 371(c) DATE</b><br>01/30/2006<br><b>RULE</b>   | <b>CLASS</b><br>343                   | <b>GROUP ART UNIT</b><br>2821   | <b>ATTORNEY DOCKET NO.</b><br>HIRT3001FJD |                                 |
| <b>APPLICANTS</b><br>Pierre Hirtt, Luxembourg, LUXEMBOURG;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP04/51623 07/27/2004 <i>HN</i><br><b>** FOREIGN APPLICATIONS *****</b><br>LUXEMBOURG 91 033 07/29/2003 <i>HN</i><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 07/19/2006 |   |                                       |   |   |                                 |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>HN</i><br>Examiner's Signature Initials                     |   | <b>STATE OR COUNTRY</b><br>LUXEMBOURG | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>6                  | <b>INDEPENDENT CLAIMS</b><br>13 |
| <b>ADDRESS</b><br>23364  |   |                                       |   |   |                                 |
| <b>TITLE</b><br>Antenna reflector  |   |                                       |   |   |                                 |
| <b>FILING FEE RECEIVED</b><br>450  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                       | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                 |